



CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	Application Number	10/519,555
	Filing Date	06-29-2005
	First Named Inventor	Clemens BACKHAUS et al.
	Art Unit	1724
	Examiner Name	Jason M. Greene
	Attorney Docket Number	740116-556

Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number <div style="border: 1px solid black; padding: 2px 20px;">25570</div> <i>Type Customer Number here</i>		<i>Place Customer Number Bar Code Label here</i>
OR		
<input type="checkbox"/> Firm or Individual Name		
Address		
Address		
City	State	ZIP
Country		
Telephone	Fax	
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p>		
Type or Printed Name	David S. Safran, Reg. No. 27,997	
Signature		
Date	January 13, 2006	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		